



This form is available on www.jewishnewhaven.org/2018-mission

Please reserve _____ space(s). A deposit of \$ _____ is enclosed (\$500 per person).
Cancellations may result in penalties.

PERSONAL INFORMATION

PARTICIPANT 1: T-shirt Size (please circle one) ADULT: S_o M_o L_o XL_o XXL_o 2X_o 3X_o

Title	Full name exactly as it appears on passport (Last, First, Middle)	Name as you'd like it on name tag

☐ Male ☐ Female Date of birth: (MM/DD/YYYY) Passport #

Passport expiration date* (MM/DD/YYYY) Country of issue: Country of citizenship:

***Note: Passports must be valid for at least six (6) months beyond your return date.**

Frequent Flyer Airline/Number:

Previous Trip to Israel: ☐ Yes ☐ No Previous Mission w/a Federation: ☐ Yes ☐ No

If yes, Trip/Mission Name/Date:

PARTICIPANT 2: T-shirt Size (please circle one) ADULT: S_o M_o L_o XL_o XXL_o 2X_o 3X_o

Title	Full name exactly as it appears on passport (Last, First, Middle)	Name as you'd like it on name tag

☐ Male ☐ Female Date of birth MM/DD/YYYY Passport #

Passport expiration date* (MM/DD/YYYY) Country of issue: Country of citizenship:

***Note: Passports must be valid for at least six (6) months beyond your return date.**

Frequent Flyer:
Airline/Number:

Previous Trip to Israel: ☐ Yes ☐ No Previous Mission w/ a Federation: ☐ Yes ☐ No

If yes, Trip/Mission Name/Date:

FOR OFFICE USE ONLY

Name of Federation: **Jewish Federation of Greater New Haven**

Mission#: Billing Code: Land Only: Application received by:

Date: Processed into system by: Date: Deposit check#: Deposit amount:



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1a. Mailing Address/Telephone

PARTICIPANT 1:

Street _____		Apt./Suite# _____
City _____	State _____	Zip Code _____
Home phone () _____		Work () _____
E-mail _____	Mobile () _____	

PARTICIPANT 2: (if different than Participant 1):

Street _____		Apt./Suite# _____
City _____	State _____	Zip Code _____
Home phone () _____		Work () _____
E-mail _____	Mobile () _____	

TRAVEL INSURANCE

NOTE: JFGNH recommends that all mission participants review their own personal insurance coverage needs with their insurance advisors to determine if additional travel insurance is required providing for reimbursement for trip delay, trip interruption, missed connections, sickness and/or accident medical expenses, lost baggage, personal effects, baggage delay, etc. While JFGNH does not endorse a particular travel insurance program, Authentic Israel, our tour provider has suggested contacting www.grouptravelinsuranceisrael.com. In addition, there are many travel insurance resources on the internet, such as www.insuremytrip.com and www.squaremouth.com.



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GROUND PACKAGE

1. ☐ Poland & Israel (October 16, 2018 – October 24, 2018)

Book by April 9, 2018 \$3,150 *

Book after April 9, 2018 \$3,400 (including subsidy)

*Price after \$250 early bird discount and Jewish Federation of Greater New Haven \$500 subsidy

The subsidy requires you to meet the minimum suggested gift of \$600 per person to the 2018 Jewish Federation Annual Campaign and attend all scheduled mission programs and events during the mission

Actual cost of the ground package booked after April 9, 2018 without subsidy: \$3900 (Price subject to change)

2. ☐ JFNA General Assembly, Tel Aviv (October 22 - 24, 2018)

The hotel nights for this part of the mission are included in the cost of the core mission.

Conference registration will incur an additional charge

ROOM ASSIGNMENTS

Room Type - Please check applicable boxes:

<input type="checkbox"/> Double (2 persons)	<input type="checkbox"/> Non-smoking	<input type="checkbox"/> Shabbat Observant	<input type="checkbox"/> 1 bed
<input type="checkbox"/> Single Room *	<input type="checkbox"/> Smoking	<input type="checkbox"/> Room/Suite Upgrade requested **	<input type="checkbox"/> 2 beds

*Single Supplement: \$1,250

Roommate Name: _____

Only if roommate is being registered for mission on a different application form.

Please assign a roommate: ☐ Yes ☐ No ☐ Smoking ☐ Non-Smoking ☐ Shabbat Observant

* When possible we will attempt to find roommates if requested. If unsuccessful, participant will be subject to single supplement charges.

** Room/Suite upgrade: room upgrades are limited and additional costs apply. You will be notified of upgrade options.



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ROUND TRIP INTERNATIONAL AIR TRAVEL TO ISRAEL & FROM POLAND

1. ☐ **GROUP TRAVEL.** Fly with the mission on LOT (Polish Airlines) Coach Round Trip: \$1,450

JFK – Warsaw

Depart JFK at 10:00 p.m. on October 14

Arrive to Warsaw at 12:30 p.m. on October 15

TLV – JFK

Depart Ben Gurion Airport at 11:25am on October 24

Arrive at JFK Airport at 8:05pm on October 24 (includes 2.3 hours layover in Warsaw)

Group Travel package includes an additional hotel night in Warsaw.

2. ☐ **LAND ONLY.** If you are arranging your own international flights, please provide your international flight information below.

Date	Departure Time	AM/PM	Airline	Flight#
Date	Departure Time	AM/PM	Airline	Flight#
Date	Departure Time	AM/PM	Airline	Flight#

- ☐ If arriving early (before the main group), please reserve a (single/double) room **before** the mission at:

_____Hotel in _____(city) for _____nights.

Additional nights at the Warsaw InterContinental Hotel: \$255 per room/per night.

NOTE: Reservations will not be made unless this information is completed. Room rates will be confirmed with you.



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MEDICAL & EMERGENCY INFORMATION

MEDICAL INFORMATION *(prescriptions, allergies, other pertinent medical condition information):*

Participant 1 _____

Participant 2 _____

EMERGENCY CONTACT INFORMATION:

Name	Relationship		
Address	City	State	Zip
Home phone ()	Work ()	Cell ()	

Name	Relationship		
Address	City	State	Zip
Home phone ()	Work ()	Cell ()	



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CREDIT CARD INFORMATION AND CHARGE AUTHORIZATION

NOTE: All Mission Participants must provide credit card information to facilitate mission hotel reservations and confirmations.

No charges will be made to this card unless you complete the Credit Card Charge Authorization to charge your mission deposit and/or remaining balances, or depart a mission hotel without clearing your personal and incidental charges, e.g. room service, laundry, telephone calls, internet access, etc.

If you wish to pay your deposit or mission cost by credit card, you must complete the CHARGE AUTHORIZATION below.

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Card Number _____ Expiration Date _____

Credit Card Validation/Security Code #(CCV): _____

This is the 3 or 4 digit security code used to verify your credit card and protect you against fraud. For Visa and MasterCard, the code is 3 digits long and is located on the back of the card. For American Express, the code is 4 digits long and is located on the front of the card above the last digits of your credit card number.

Credit Card Charge Authorization for Mission Deposit and Mission Fee Payments

While payment by check (**payable to the Jewish Federation of Greater New Haven**) is preferred, we are pleased to offer the credit card charge as a convenience.

If you wish to pay your mission deposit or the balance of your mission costs by credit card, please complete the form below and return it with your application.

Charges to your credit card will be made as follows:

- DEPOSIT: \$500 per person will be charged upon receipt of your application.
- REMAINING MISSION BALANCES: The remaining mission balances will be charged to your credit card **AFTER** you have received a final mission billing statement from the Federation. Final balances will be charged approximately 40 days before the Mission is scheduled to leave the U.S.

I/we hereby authorize Jewish Federation of Greater New Haven to charge the credit card provided above in the manner described. I/we understand that these payments are necessary in order to reserve airline seats and hotel accommodations and/or to purchase such services. I/we further recognize that these payments are payments for services (i.e., airfare, hotels, bus, touring, meals, etc.) and are **not** charitable contributions.

PLEASE CHARGE THE CARD LISTED ABOVE: ☐ Deposit(s) ☐ Remaining Balances

Cardholder's Name (please print)

Cardholder's Signature



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SUBSIDY INFORMATION

We are fortunate to be able to offer subsidies for this mission from the Jewish Federation of Greater New Haven. **Acceptance of the subsidy is optional.** The actual cost of the core mission is \$3,900 (price subject to change); the subsidized cost to participants is \$3,400 and there is additional \$250 early-bird discount available through April 9, 2018. The subsidy of \$500 assumes that you will remain with the mission from October 16-24, 2018, attend all scheduled mission programs and events during the mission, and meet the minimum suggested gift of \$600 per person to the 2018 Jewish Federation Annual Campaign.

If you choose to decline the subsidy and pay the full cost of the mission, the funds will be used by the Federation to further its goals of building community, meeting humanitarian needs, and enhancing Jewish life in Greater New Haven, Israel, and over 40 countries around the world. We thank you in advance for this consideration.

- ☐ I/We wish to accept the subsidy offer, reducing the participant cost for the core mission by \$500
- ☐ I/We wish to decline the subsidy offer and will pay the full cost of the mission.

PARTICIPANT #1

PARTICIPANT #2

SIGNATURE _____

SIGNATURE _____

PRINTED NAME _____

PRINTED NAME _____

DATE _____

DATE _____

The Internal Revenue Service requires us to inform you that your contribution to the Jewish Federation is deductible only to the extent that it, plus your payments for the mission, exceed the benefit received (i.e., the fair market value of the mission, which is currently estimated at \$3,900 for the core mission). In addition, any payments for upgrades, single supplements, and Israel extensions are not tax deductible. In all cases, we urge you to contact your tax or financial advisors to determine any charitable deductibility. Pricing in this section assumes double occupancy.

MISSION APPLICATION SIGNATURE REQUIRED

Signature of person actually completing application _____

Print name _____

Date _____

Please return this application with your deposit payment for each person to:

Jewish Federation of Greater New Haven
ATTN: Jeanette Yurman
360 Amity Road, Woodbridge, CT 06525

Visit us on the web www.jewishnewhaven.org

The Jewish Federation of Greater New Haven reserves the right to limit participation based upon eligibility requirements and space available.

PLEASE READ AND SIGN ALL THE RELEASE FORMS THAT FOLLOW



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Mission Name: MISSION TO POLAND & ISRAEL
Date: October 16-24 2018

RELEASE OF LIABILITY FOR DEATH, PERSONAL INJURY, AND PROPERTY DAMAGE

Mission to Israel

I/We am/are aware of the risks of travel to Israel and travel worldwide, including risks associated with my/our safety and security. These risks include, but are not limited to, property damage and loss, death, or injury by accident, disease, or terrorist acts. I/We am/are voluntarily participating in the Jewish Federation of Greater New Haven/Jewish Federations of North America/Authentic Israel ("Tour Organizers") Mission (the "Mission") with a full understanding of these risks, and I/we assume and agree to accept any and all risks to our safety and security during the course of participating in the Mission.

I/We are aware that the United States Department of State has a Travel Warning for Israel, West Bank, and Gaza and that it is accessible at <http://www.travel.state.gov>. I/We have read, or have had the opportunity to read, the current United States Department of State's Travel Warning for Israel, West Bank, and Gaza. I/We understand that, in advance of the mission, I/we may periodically check the State Department's website, found at <http://www.travel.state.gov>, to see if the Travel Warning has been superseded by a new Travel Warning.

I/We acknowledge and affirm that, notwithstanding any security arrangements that may be made by Tour Organizers, Tour Organizers does not guarantee and is not responsible for my personal safety or the safety of my property while participating in the Mission or any Mission-related activities, including, but not limited to, airline travel, ground transportation, meals, lodging, and recreational activities.

In light of the above and in consideration of being permitted to participate in the Mission, I/We do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge Tour Organizers, its respective subsidiaries, affiliates, predecessors, successors and assigns, and all of its respective past, present, and future officers, directors, shareholders, employees, agents, and contractors, and their respective heirs, executors, administrators and assigns (collectively, the "Releases"), of and from any and every claim arising from or by reason of any bodily injury, personal injuries known or unknown (including emotional trauma), death, or property damage resulting or alleged to result from any accident, incident, or other episode that may occur, whether based upon the negligence of, or breach of contract by, any Release or any other party for whose acts or omissions any Release may be responsible in law or in fact, or any other cause or principle of law, as a result of my participation in the Mission or any activities in connection with the Mission.

This release contains the entire agreement between the parties to this release. This release supersedes any prior or contemporaneous agreements, understandings, and negotiations regarding its subject matter. This release shall be interpreted and enforced in accordance with the laws of Connecticut, and shall be as broad and inclusive as permitted by such laws. If any provision of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I/We have carefully read the foregoing release and understand its contents, and acknowledge that this is a release of liability and such is a binding and fully enforceable contract between myself and Tour Organizers.

Having consulted, or having had the opportunity to consult, my/our own counsel as to its meaning and legal effect, I/we sign this release as my/our own free act.

Please sign:

NOTE: Tour Organizers requires that each adult 18 and over whose name appears on the same application, personally sign this security notice/release. Spouses, roommates, etc. may not sign for one another. Thank you for your cooperation.

Participant #1(Print Name): _____ **Signature:** _____ **Date:** _____

Participant #2(Print Name): _____ **Signature:** _____ **Date:** _____



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PHOTO/IMAGE RELEASE

I/We hereby grant the permission, without reservation, to Jewish Federation of Greater New Haven, Authentic Israel ("Tour Organizers") to take and to use photographs and/or sound/image recordings of me/us, to describe and to use the same for promotion of goodwill, public education, and/or fundraising and other related activities of Tour Organizers, and I/we waive any right to inspect or approve the photograph(s) or finished version(s) of works, including websites, incorporating the photograph(s).

I/We release Tour Organizers, its officers, trustees, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I/we may have or might have, for any cause of action arising out of taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same, be it blurring, distortion, alteration, optical illusion, or use of composite form, whether intentional or otherwise, that may occur or be produced in taking of photographs, or any processing toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/We recognize that Tour Organizers owns the copyright (or may apply for copyright) in these photographs and other works and creations, and I/we hereby waive any claims I/we may have based on any usage of the photographs or works derived there from in any form, whether it be printed, projected, televised or transmitted via the web, and/or at any time, be it in the present or in the future, including, but not limited to, claims for either invasions of privacy or libel.

I/we am/are of full age and competent to sign this release. I/we agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I/we have read this release and I/we fully understand its contents.

Participant #1 Name	Signature	Date
Complete address	Telephone ()	
Email	Fax ()	

Participant #2 Name	Signature	Date
Complete address	Telephone ()	
Email	Fax ()	